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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
with Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

**Attorney Docket Number**

PHUS030221US

**First Named Inventor**

Michael A. Morich

**COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SPECIFIC ENERGY ABSORPTION RATE MODEL**

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

**06/30/2003**

as United States Application Number or PCT International

Application Number

**60/484,036**

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

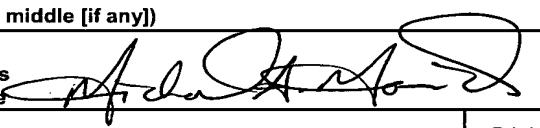
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label <input style="width: 150px;" type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
Thomas M. Lundin					
<b>Name</b>					
595 Miner Road					
<b>Address</b>					
Cleveland			Ohio		44143
<b>City</b>			<b>State</b>		<b>ZIP</b>
US		440-483-4281		440-483-4874	
<b>Country</b>		<b>Telephone</b>		<b>Fax</b>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
<b>NAME OF SOLE OR FIRST INVENTOR :</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b> (first and middle [if any])			<b>Family Name</b> or Surname		
Michael A.			MORICH		
<b>Inventor's Signature</b> 					<b>Date</b> 9-1-2004
<b>Residence: City</b>		<b>State</b>	<b>Country</b>	<b>Citizenship</b>	
<del>Richmond Heights</del> Mentor		Ohio	USA	USA	
<b>Mailing Address</b> 7580 Jeremy Avenue					
<b>City</b>		<b>State</b>	<b>ZIP</b>	<b>Country</b>	
<del>Richmond Heights</del> Mentor		Ohio	44092	USA	
<b>NAME OF SECOND INVENTOR:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b> (first and middle [if any])			<b>Family Name</b> or Surname		
Paul R.			HARVEY		
<b>Inventor's Signature</b>					<b>Date</b>
<b>Residence: City</b>		<b>State</b>	<b>Country</b>	<b>Citizenship</b>	
Best			Netherlands	GB	
<b>Mailing Address</b> Landheuvell 5					
<b>City</b>		<b>State</b>	<b>ZIP</b>	<b>Country</b>	
Best			5685 BC	Netherlands	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

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Thomas M. Lundin					
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Address					
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City		State		ZIP	
US		440-483-4281		440-483-4874	
Country		Telephone		Fax	
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Given Name (first and middle [if any])			Family Name or Surname		
Michael A.			MORICH		
Inventor's Signature				Date	
Richmond Heights		Ohio		USA	
Residence: City		State		Country	
USA		USA		Citizenship	
Mailing Address 7580 Jeremy Avenue					
Richmond Heights		Ohio		44092	
City		State		ZIP	
USA		USA		Country	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
Paul R.			HARVEY		
Inventor's Signature				Date	
Best		Netherlands		GB	
Residence: City		State		Country	
Netherlands		GB		Citizenship	
Mailing Address Landheuvcl 5					
Best		5685 BC		Netherlands	
City		State		ZIP	
Netherlands		Netherlands		Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	PHUS030221US
	<b>First Named Inventor</b>	Michael A. Morich
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	
	<b>Filing Date</b>	
	<b>Art Unit</b>	
	<b>Examiner Name</b>	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SPECIFIC ENERGY ABSORPTION RATE MODEL**

(Title of the Invention)

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☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

[Page 1 of 2]

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 3 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Zhiyong		Family Name or Surname ZHAI	
Inventor's Signature <i>Zhiyong Zhai</i>		Date 9/11/2004	
Residence: City Cleveland	State Ohio	Country USA	Citizenship CN
Mailing Address 6805 Mayfield Road			
Mailing Address Apt. 1123			
City Cleveland	State Ohio	ZIP 44124	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Gordon D.		Family Name or Surname DeMeester	
Inventor's Signature <i>Gordon D. DeMeester</i>		Date 9/11/2004	
Residence: City Wickliffe	State Ohio	Country USA	Citizenship USA
Mailing Address 30175 Overlook Drive			
Mailing Address			
City Wickliffe	State Ohio	ZIP 44092	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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**CHANGE OF  
CORRESPONDENCE ADDRESS  
Application**Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number	unknown <b>10/560870</b>
Filing Date	herewith
First Named Inventor	Michael A. MORICH
Art Unit	unknown
Examiner Name	unknown
Attorney Docket Number	PHUS030221US

Please change the Correspondence Address for the above-identified patent application to:

☒ The address associated with  
Customer Number:**38107**

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☐ Firm or  
Individual Name

Address

City

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This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 48,979
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Signature

*Tom Lundin*Typed or Printed  
Name

Thomas M. Lundin

Date December 14, 2005

Telephone 440-483-4281

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.